

					Target	Actual Data				
Perspectiv e	Strategies	Outcome	Division Measure	Section Measure Tobacco Prevention & Control	2002	2000	Q1 2001	Q2 2001	Q3 2001	Q4 2001
Financial Goals		Maintain or increase SHD funding.	General Fund \$ Grants & Contract \$ Medicaid – fee for service and match) \$ Fees \$ Other \$	Grant & Contract funding	<i>For 7/2002- 6/2003</i>  LCDF: \$100,000  TPC: \$310,800  Youth Access: \$52,300  CDC: \$104,300	LCDF: \$74,104  <i>Following for 1/00 – 6/01</i>  <b>Settlemt</b>  <b>Settlement</b> :\$225,986  <b>CDC:</b> \$148,978  <b>Youth Acc:</b> \$79,710	LCDF : 25,000  <b>Settlemt</b>  62,150  <b>CDC</b> 35,681  <b>YA</b> 13,044	<b>For 2001</b>  25,000  <b>for 7/01 – 6/02</b>  62,150  <b>for 7/01- 5/02</b>  25,681  <b>for 7/02- 6/02</b>  13,044	25,000  25,000  62,150  25,681  13,043	25,000
		CH operates within budget	Budget variance	Budget variance	+/-5%	LCDF: -9%  Settlmt:- 2.5%  CDC: 0%  YA: 0%				
Customer expectation s	Efficiency & effectiveness	Snohomish public is healthier	% Of applicable 2010 health status indicators achieved.	% of current smokers in Snohomish County – trend  % of infants exposed to tobacco smoke in the home	2010: 12%  2010: 10%	<i>1999 BRFSS:</i> 20.9%  <i>1993-98 PRAMS:</i> 6% at least one hour daily				
		Client health is protected or improved.	% Of clients where progress was made towards reaching program objectives.  % Of clients that feel their health has improved  % Of clients that feel they received education that was culturally appropriate.  % Of surveys returned.	# of smoke-free restaurants in the county	1,300		1,107 <sup>1</sup>			
				% of current adult and youth smokers in county - trend	2010 :  Adults: 12%  Youth: 16%	<i>Adult 1999 BRFSS:</i> 20.9%  <i>Youth 1999 YRBS:</i>  6 <sup>th</sup> gr: 8% 8 <sup>th</sup> gr: 18% 10 <sup>th</sup> gr: 29% 12 <sup>th</sup> gr: 40%				

<sup>1</sup> Includes restaurants with seating inside and franchises.

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Perspectiv e	Strategies	Outcome	Division Measure	Section Measure Tobacco Prevention & Control	2002	2000	Q1 2001	Q2 2001	Q3 2001	Q4 2001
				% of children who are regularly exposed to tobacco smoke at home	2010: 10%	1999 BRFSS: 42.9% <sup>2</sup>				
				% of cities that have smoke free park policies in place	5	0	0	0	0	1
	Educate to create public awareness	The public understands the benefit of public health services	Rating from public survey.	# calls to the resource line for information	135 <sup>3</sup>	N/A	N/A	N/A	N/A	N/A
				# of requests for program participation in community events	30	No information	NI	NI	NI	NI
				# of participants at major team-organized events	Tap & Teg: 50 TATU: 175 Coalition/awareness events: 150	NI	40		47 185	
		The public experiences social change that improves public health.	% Of 2010 preventative care and behavioral measures achieved.	% of teens that regularly use cigarettes	2010: 16%	Youth 1999 YRBS: 6 <sup>th</sup> gr: 8% 8 <sup>th</sup> gr: 18% 10 <sup>th</sup> gr: 29% 12 <sup>th</sup> gr: 40%				
				# smoke free restaurants	1,300	1,107 <sup>4</sup>				
				# of smoke free park policies enacted in the county	5	0	0	0	0	1
Processes to deliver customer expectations	Efficiency & effectiveness	Resources are used to the greatest health benefit.	% Of Snohomish County population affected by each program  (# Of clients x % success rate x dollars saved)/ program cost = net	% of activities that are science based by objective	80%	NI	NI	NI	NI	NI

<sup>2</sup> % of smokers who have children living in their household

<sup>3</sup> 15/month x 9 months of operation in 2002

<sup>4</sup> Includes restaurants with seating inside and franchises.

					Target	Actual Data				
Perspectiv e	Strategies	Outcome	Division Measure	Section Measure Tobacco Prevention & Control	2002	2000	Q1 2001	Q2 2001	Q3 2001	Q4 2001
s			dollars saved)/ program cost = net savings to Snohomish County Public for each program group.  Mandate or Discretionary	# health care dollars saved due to decrease in smoking.	2010: reduce smoking by adults to 12% = a reduction of ~\$560,000 /year <sup>5</sup>	1999 ~ \$1.4 million health care \$/year/smoker <sup>6</sup>				
		CH meets statewide public healthcare standards.	% Of applicable standards met	# of organizations represented on the county tobacco coalition	50	NI				47
				# of requests for information about tobacco services	20	NI	NI	NI	NI	NI
		Collaborate with individuals, partners & organization to develop strategies for addressing public health issues.	% Of programs that met their partnership objectives.	% of hospitals and health organizations in the county who are involved with tobacco issues	10		0	0	7	7
				# of organizations represented in the coalition	50					47
				% of school districts participating in TAP & TEG and TATU programs.	TAP & TEG: 50%  TATU: 70%					40%  67%
		Market SHD services to potential primary and secondary clients.	% Of programs with a marketing plan.  Quarterly division marketing strategy meeting was conducted. Y/N	Marketing plan in place	Marketing plan in place for whole program	NO	Informal	Plan for car campaign	Plan for car campaign & Quit line	Car camp. & quit line
		Provide appropriate education, services, & referrals to clients.	Units of service provided  # Clients served	# of requests for information on the resource line  (other data above to supplement – participation in other events)	50	N/A	N/A	N/A	N/A	N/A
		Identify healthcare system gaps and duplication.	List of system gaps and duplications identified.	N/A	N/A					
		Identify emerging public health issues.	List of emerging health issues.	# of tobacco related workshops attended by staff	12	NI	5	3	3	3

<sup>5</sup> Using 2000 population info for 18+ years old (don’t have pop. Projection for county) = 439,973, X 12% smokers = ~52,800 smokers x \$15.33/year in health care costs directly attributed to smoking (likely rate will be higer) = ~\$809,000 a reduction in cost over 1999 figures of ~\$560,000/year.

<sup>6</sup> Based on 1999 BRFSS data of 20.9% smokers 18+ years old, 1999 population estimates of 427,218 for SC residents 18+ years old = 89,289 smokers in the Co. at \$15.33/year for health care costs in Washington directly caused by smoking (Tobacco Free Kids fact sheet for WA, 2002)

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				# of professional resources used (professional journals, listservs, etc.)	12	NI				11 (year)
	Educate to create public awareness	Educate policymakers of health and healthcare issues	List issues and policymakers contacted	# of policymakers contacted	75	NI				50 (year)
		Educate the community about how to protect or improve their health.	# Of events Quality rating # Served at events.	# of customers participating in classes/trainings/workshops	TAP & TEG: 50 TATU:175 Policymakers event: 70 Coalition event: 40 Bowling event: 100 Parks events: 100	NI	40			47 185     50
				# of health fairs or events in which program participated.	15	NI				13 (year)
				# of pamphlets/brochures distributed	Dining guide: 3,500 Auto Be: 3,000 Quit Line materials: 10,000 Referral pads: 2,000 Other brochures: 1,000	NI				Dining guide: 1,500 Auto Be: 3,000 Quit Line materials: 2000
Investment s necessary to drive process	Efficiency & effectiveness	CH has the tools and technology necessary to effectively manage program & client data.	% Of workstations up to standard.  % Of staff that are competent in the tools they need to use.	% Of workstations up to standard.	100%	NI	100%	100%	85%	85%

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improvement		Support the professional development of students in public health emphasizing the need to effectively serve disparate populations.	Contact hours with students. List of institutions participating. List of disciplines represented. List of client populations reached.	N/A	N/A	N/A				
Investments necessary to drive process improvement	Efficiency, effectiveness & communication to create public awareness	Staff is well informed about public health and SHD services.	% Of staff that spends 2 days cross-training in another division annually. % Of staff that attend quarterly CH meetings. % Of programs that have had presentations from other programs & divisions. % Of CH staff attending all staff SHD meetings.	1. % Of staff that spends 2 days cross-training in another division annually. 2. % Of staff that attend quarterly CH meetings. 3. % of staff that have attended presentations from other programs & divisions. 4. % Of staff attending all staff SHD meetings.	1. 50% 2. 100% 3. 100% 4. 100%	NI	NI	NI	NI	NI
		SHD staff is professionally, technically, and culturally competent, motivated, & innovative at implementing the SHD mission.	% Of resources dedicated to innovative and pilot programs. % Of staff that participated in in-service programs. % Of staff with a career development plan.	% staff that attend at least one training in their field/year	100%	100%				100% (year)
		CH stays abreast of scientific findings & best practices.	# Of program changes that result from scientific research.	# of technical and professional trainings/workshops/meetings attended by staff	15	NI				15 (year)
		CH staff are trained how to use data to affect program change.	# In-service staff hours spent on training. \$ Cost of in-service staff hours spent on training.	% of staff who use evaluation data to improve their activity	100%	NI	NI	NI	NI	NI